

CAHS

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Testimony before the Human Services Committee
Re: S.B. 32- An Act Implementing the Governor's Budget Recommendations
Concerning Social Services
S.B. 139 – An At Concerning Independent Monitoring of the HUSKY Program
Submitted by Maggie Adair, Deputy Director
Connecticut Association for Human Services
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Good morning, Senator Doyle, Representative Walker, and members of the Human Services Committee. I am Maggie Adair, Deputy Director of the Connecticut Association for Human Services (CAHS). CAHS is a 100-year-old statewide nonprofit organization that works to end poverty and to engage, equip, and empower all families in Connecticut to build a secure future.

Faced with yet another year of a significant budget shortfall and larger deficits in the out years, policymakers must make difficult decisions. CAHS urges state legislators to take the long view on budget priorities and preserve the integrity of programs and policies that support children, families, and the well-being of the state.

CAHS is testifying in opposition to several provisions in **S.B. 32 – An Act Implementing the Governor's Budget Recommendations Concerning Social Services**.

Governor's budget concerning social services makes a series of cuts to health care services to the poor. The cuts to health care services and additional costs imposed on low-income families, taken all together, will have a heavy toll on our most vulnerable citizens. Rather than save health care costs, Connecticut will pay more in the end.

CAHS is most concerned about the following proposals in S.B. 32:

- Imposing co-pays for adults on HUSKY.
- Increasing premiums for HUSKY B families.
- Eliminating most over-the-counter drugs for HUSKY adults.
- Eliminating Medicaid vision coverage for eyeglasses, contact lenses, and optometry services.
- Eliminating vision and non-emergency transportation under SAGA.
- Updating the Medical Necessity definition.

Families on HUSKY struggle each day to pay for housing, food, and clothing. They are barely making ends meet and cannot afford co-pays, premiums and over-the-counter medicine. Research shows that when such requirements are put in place, people won't get the health care and prescriptions they need and as a result, end up sicker, wind up in emergency rooms, and cost the state more in the long run. Denying vision care – eyeglasses and basic services – seems downright mean-spirited. Eyeglasses are costly; if people cannot see, they will no doubt have a tough time getting a job. Eliminating non-emergency

transportation will hinder many SAGA participants to get to the health care services they need. We are very concerned that adopting a Medical Necessity definition will result in more and more people being denied the health care they need.

CAHS does think switching from a managed care system to contracting with administrative services organizations to provide care coordination, utilization management, disease management, customer service and review of grievances has the potential to be a good move. DSS Commissioner Michael Starkowski said last week that it's estimated the state is overpaying the MCOs by \$50 million, and DSS is analyzing the cost saving by moving to the ASO model. An ASO model is not as good as the Primary Care Case Management (PCCM) model, but it is a move in the right direction.

CAHS supports **S.B. 139 – An Act Concerning Independent Monitoring of the HUSKY Program**. Since 1995, the Legislature has appropriated funds for independent monitoring of the HUSKY program, including tracking enrollment trends and the health care children and families actually receive. Without this independent oversight, we would not know if HUSKY families are in fact succeeding in getting the health care they need and if the program is effective.

Currently, funding for this monitoring is in the Department of Social Services budget under the line item "Children's Health Council." The Children's Health Council no longer exists. Updating the language to refer to "Independent Performance Monitoring" would clear up any confusion and better identify the scope of the service so legislators understand what they are funding.

For several years, CT Voices for Children has performed this independent monitoring and provided valuable updates and reports about children and families served by the HUSKY program. However, this year the Governor has not released funding for this monitoring and no work has been done. We urge the Governor and Legislature to continue funding and allow this work to continue.

In conclusion, the Administration is addressing the budget deficit by cutting into the safety net for the poor and our most vulnerable people. This spending reduction is essentially a tax increase on the poor by asking them to pay more for the basic services they need.

There is a better way. We cannot only rely on further spending cuts. We need a balanced approach that addresses the state's structural revenue problem with a revenue solution. Specifically, we urge you to support the revenue options proposed by the **Better Choices for Connecticut** coalition, including closing corporate tax loopholes, evaluating corporate tax breaks to see whether CT is actually getting an economic return on its investment, delaying reductions in the estate tax that would benefit only very wealthy persons, and increasing income taxes on households most able to pay. We need to think about what we want our state to look like when we come out of the economic downturn. Eliminating health care to achieve short-term savings will dismantle our safety net, hurt our children and families, and in the long run weaken the economy.

Thank you for giving me the opportunity to testify today.